M1600003094

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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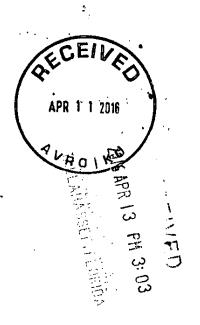
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2016

ADAM HANEMAN-HALL 224 CENTRE STREET 3E NEW YORK, NY 10013

SUBJECT: AVROKO DESIGN, LLC

Ref. Number: W16000016458



We have received your document for AVROKO DESIGN, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00004579



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	AvroKO D	esign, L <i>LC</i>					
	Name of	Limited Liability (Company		_		
The enclosed "Application by I Existence, and check are submi							
Please return all correspondence	e concerning this matter to the	following:					
	Adan	n Haneman-Hall					
	N	ame of Person			_		
	AvoK	O Design, LLC			- ',	,	
	F	irm/Company				_	
	22	4 Centre St. 3E				APR	П
		Address			9/: 	$\bar{\omega}$	
	New	York, NY 10013				**************************************	\supset
	· City/S	itate and Zip Code				D: 4:0	
		n.h@avroko.com			_	0	
	E-mail address: (to be use	d for future annual	report not	lification)			
For further information concern	ing this matter, please call:						
Adam Haneman-Hall		212 at (343.70	24x125			
Name	of Contact Person	Area Code	Day	time Telephone Number	•		
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns		Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section uilding cutive Center Circle see, FL 32301			
Enclosed is a check for the folk	owing amount: □ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ig Fee &	S160.00 Filing Fee, of Status & Certified C		ate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SHATE OF FLORIDA:

1. AvroKO Design, LLC (Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	C.")	_	
(If name unavailable, enter al Liability Company," "L I.C.	ternate name adopted for the purpose of transacting business in Florida. The alternate name me	ust include "L	 imited	
New York State				
	of which foreign limited liability (FEI number, if applicable)		-	
4. March 1, 2016				
224 Centre St. 3E	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
3. <u>224 Contrat. 32</u>		5.5	ن	
New York, NY 10013				
6. 224 Centre St. 3E	(Street Address of Principal Office)		MPR I	
New York, NY 10013			<u>~</u>	T
	(Mailing Address)		5	<u></u>
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)		♬	
Name:	InCorp Services, Inc.		04	
Office Address:	17888 67th Court North			
	Loxahatchee , Florida 33470 (City) (Zip code)			
designated in this applicate to complywith the provision	· · · · · · · · · · · · · · · · · · ·	pacity. I fur	ther a	gree
		S of		
\leq	(Registered agent's signature) InCorp Service	s. Inc		
8. The name, title or cana	city and address of the person(s) who has/have authority to manage is/are:			
-	istina O'Neal, William Harris, Adam Farmerie - AvroKO Design, L.L.C. (Managers)			
	224 Centre St. 3E, New York, NY 10013			
jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having custoff which it is organized. (If the certificate is in a foreign language, a translation of the ibmitted) Signature of an authorized person in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false	certificate ui	nder oa	
	the Department of State constitutes a third degree felony as provided for in s.817.155. Gregory Bradshaw		••	
	Typed or printed name of signee			

State of New York Department of State } ss:

I hereby certify, that AVROKO DESIGN, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/21/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.



THE SECOND OF TH

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of March two thousand and sixteen.

Executive Deputy Secretary of State